



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Burbank et al.

For: METHODS AND APPARATUS FOR

SECURING MEDICAL INSTRUMENTS
TO DESIRED LOCATIONS IN A

PATIENT'S BODY

Serial No.: 10/010,213

Filed: December 4, 2001

Docket. No.: 9619-1011

Examiner: Not Assigned

Group Art Unit: Not Assigned

Customer No.: 23422

PRELIMINARY AMENDMENT

BOX NON-FEE AMENDMENT

Commissioner for Patents Washington, D.C. 20231

Dear Sir:

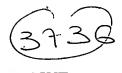
Please preliminarily amend the above identified application as follows:

IN THE SPECIFICATION

Page 1, line 3, please replace the first paragraph with the following:

This application is a divisional of copending patent application Serial No. 09/146,185, filed September 1, 1998, which is a continuation-in-part of patent application Serial No. 09/057,303, filed April 13, 1998, which claims benefit to provisional patent application Serial No. 60/076,993, filed March 3, 1998, all of which applications are hereby incorporated herein by reference in their entirety and from which priority is hereby claimed under 35 U.S.C. §§119(e) and 120.





PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	THE OWNER OF THE PROPERTY.	2011112111	11112			-	
In re the application of) Examiner: Not Assigned			
Burbank et al.) Group Art Unit: Not Assigned			
For:	METHODS AND APPARAT MEDICAL INSTRUMENTS LOCATIONS IN A PATIEN	TO DESIR) Custo)	23422		
Serial No.: 10/010,213)			
Filed: December 4, 2001)) <u>TRA</u>	TRANSMITTAL TO TRANSMITTAL		
Docket. No.: 9619-1011))		APR 1	RECEIVED
BOX NON-FEE AMENDMENT Commissioner for Patents Washington, D.C. 20231 Dear Sir:						3700 MAIL ROOM	VEU NEU
1. Transmitted herewith for filing in the above-identified patent application is a <u>Preliminary Amendment</u> , and a <u>Return Receipt Postcard</u> .							
 Claim Fee Calculation X No additional claim fee is required. Amendment increases number of claims or multiple dependencies. Additional Claim Fee Calculation 							
	Description	Fee Code	Claims	Extra	Rate	Fee]
	Independent Claims	202	5-5=	0 x	\$42 =	\$0]
	Total Claims	203	42-42 =	0 x	\$9 =	\$0	

3. Payment of Fees

X No fee is due with this communication.

The Commissioner is authorized to charge any fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 13-0201, referencing Atty. Docket No. 9619-1011. A duplicate copy of this transmittal is enclosed.

James A. Fox

Registration No. 35,455

Additional Claims Fee:\$0

CERTIFICATE OF MAILING PURSUANT TO 37 C.F.R. §1.8

By:

I hereby certify that this paper is being deposited in the U.S. Postal Service as first class mail, postage prepaid addressed to BOX NON-FEE AMENDMENT, Commissioner for Patents, Washington D.C. 20231, on ________, in Palo Alto, CA.

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